# **Supporting Document 3 – Logic Models**

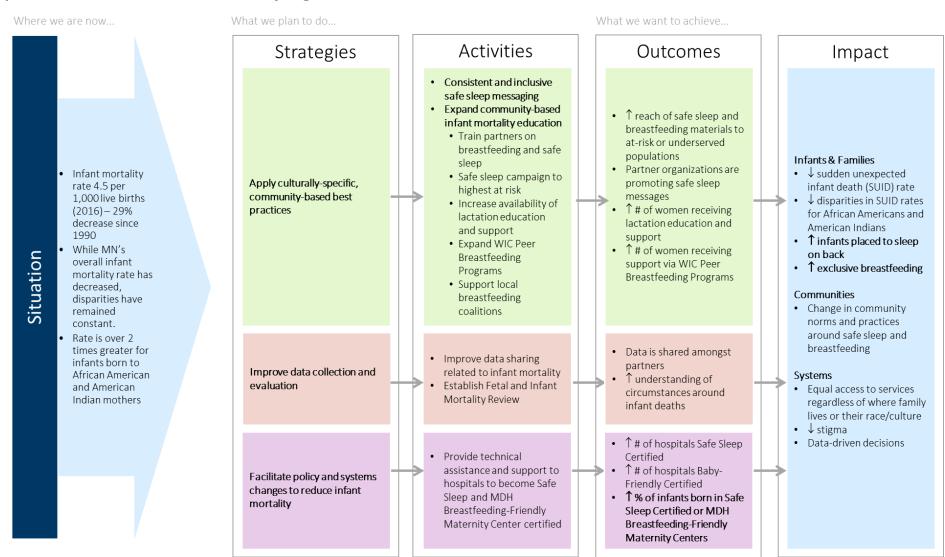
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# Appendix A: Minnesota Care during Pregnancy and Delivery Logic Model



# **Appendix B: Minnesota Infant Mortality Logic Model**



# Appendix C: Minnesota Comprehensive Early Childhood Systems Logic Model

What we plan to do... Where we are now... What we want to achieve... **Strategies Activities Impact** Outcomes · Launch Minnesota Help Children: Coordinate and implement Me Connect online Receive screening. ↑ referrals to early access to comprehensive, navigator and referral evaluation, & timely family-centered services for system childhood services diagnosis young children & their Collaborate on • ↑ knowledge of services & Receive early intervention families through the implementation of supports services Significant development of online ↑ community engagement community-level hubs ↑ healthy, happy children challenges navigation & referral systems Partner on Community ↑ collaboration amongst † kindergarten readiness implementing and supportive community Solutions for Healthy Child coordinated, partners Families equitable, & partnerships **Development Grant** · Families are financially & efficient system program emotionally supported Situation Programs are ↑ quality of life / wellcomplex & fragmented being Services are Families are supported & unavailable, considered experts unknown, or hard Implement Follow Along Systems to access Program ↓ disparities in accessing Disparities in · Implement electronic screening rates & ↑ children receiving service utilization access to developmental More effective electronic screening (electronically) based on race, & social-emotional systems Maximize & increase funding • ↑ connections between geography, etc. screening · Community-developed to support statewide screening providers (LPH, Pilot test collaborative solutions programs that serve families primary care, etc.) electronic screening No wrong door to access who are pregnant & ↑ collaboration amongst access between LPH & services parenting young children partners primary care providers Flexible funding ↑ connections of families Explore implementation of Equal access to services to family home visiting universal, evidence-based regardless of where family family home visiting lives or their race/culture

# **Appendix D: Minnesota Adolescent Suicide Logic Model**

What we plan to do... Where we are now... What we want to achieve... **Strategies Activities** Outcomes **Impact** · Partner with MDH Suicide • Alignment of MDH suicide Prevention Unit to implement prevention and strategies from MN Suicide adolescent health work prevention State Plan • Implement MN Partnership for ↑ high quality, teen-MN has higher Adolescent and Young Adult friendly health care rates of Health Strategic Plan practice adolescent suicide ↑ mental health / Facilitate CollN project than national addressing adolescent and depression screenings averages Empower youth, young conducted young adult depression in Many factors adults, families, and ↑ help seeking behaviors primary care Adolescents and Young Adults increase risk of communities to suicide – including Increase help-seeking behaviors in adolescents and young ↓ adolescent suicides meaningfully engage in historical trauma, adults ↓ disparities in suicide in youth creating solutions to living in poverty, ↑ partnerships between Partner with Minnesota Situation prevent suicide childhood Personal Responsibility schools, community ↓ barriers to help seeking adversity, lack of Education Program grantees agencies, and public behaviors access to mental health † adolescent well-visits Support schools to identify and health services. partner with community ↑ adolescents with ↑ adolescent resilience and experiencing connections with and well-being interpersonal resources to access appropriate violence supportive adults and timely services for youth American Indian Promote and train communities Communities population has · Communities equipped to and agencies in Making suicide rate of Authentic Connections prevent and respond to 38.6 per 100,000 adolescent suicide adolescents, significantly higher than other Expand and improve groups ↑ knowledge of Partner to provide trainings and postvention supports postvention supports (activities that reduce risk technical assistance to ↑ partnership between and promote healing after communities dealing with the MDH Suicide Prevention a suicide death or impact of a death from suicide Team and CFH Division attempt)

#### Appendix E: Minnesota Access to Services and Supports for CYSHN and Families Logic Model



# Appendix F: Minnesota Accessible and Affordable Health Care Logic Model

Where we are now... What we plan to do... What we want to achieve... **Activities** Strategies Outcomes **Impact** · Monitor and report data on racial ↑ racial and linguistic and linguistic diversity of health Recognize and reduce diversity of providers care providers in Minnesota systemic racism, ↑ ADA compliance and Promotion and training of Communities discrimination, and reported accessibility of experience racism, accessibility and health care and marginalization in health health care settings for ableism, xenophobia, other community settings for care children/families with and other forms of children and adults with disabilities discrimination in disabilities health care settings and related systems Minnesota has Provide roadmap/technical persistent disparities assistance to expand opportunities in health care ↑ collaboration between accessibility, for collaboration between the Expand access to health care Situation affordability, and health care system and schools health systems and ↑ access to by increasing availability of health outcomes Assess and promote accessible schools comprehensive, community-based and Health care settings ↑ uptake of telemedicine and barrier free access to quality health care remote services are difficult to access telemedicine and other remote in MCH populations services, including for many reasons, methods of health care for MCH family planning, that including cost, populations are available and location, and siloed affordable for all system structures The quality of health Facilitate access to family planning, care, including family with special attention to youth, ↑ access to family planning, does not rural areas, and communities of planning, especially in meet the color and American Indians BIPOC and rural youth individualized, Understand and enhance ↑ utilization of CHWs and culturally-specific Improve the quality of health statewide availability and use of related brokers needs of the care by promoting person and community health workers and ↑ number of providers community family-centered health care other cultural brokers with knowledge • Train health care professionals on competencies related to how to interact with and provide providing care for persons care to patients and families with with disabilities neurological differences and other disabilities

# Appendix G: Minnesota American Indian Family Health Logic Model

Where we are now... What we plan to do... What we want to achieve... Strategies **Activities** Outcomes **Impact** • ↑# of American Indian doulas, community health · Collaborate with partners workers, and lactation to support training of specialists American Indian American Indian doulas and ↑ # families receiving Reduced disparities women, children, community health workers Family Spirit or other experienced by American and families culturally-normed · Support family-centered Increase access to culturally-Indian women, children, and experience worse evidence-based FHV evidence-based programs specific health services outcomes than families models and practices that are other populations. ↑ and sustained normed in the American Disparities are **Families** Indian community (i.e., collaboration with caused by Receive culturallyorganizations providing Family Spirit Family Home historical trauma, informed, strengths-based proven support to the Visiting (FHV) Model) racism, and programs American Indian continued colonial Healthy development of community practices and Situation children policies ↑ parenting knowledge and American Indian Review current "Tribal women are 7.8 State Relations" training for ↑ # of employees times more likely continued relevance and completing "Tribal State Systems to die during document goals related to † knowledge, competency, Mandate cultural proficiency Relations" training pregnancy/within employee participation defined by the community ↑ # of persons trained on & skills of workforce in 1 year after Work with MN DHS to working with tribal working with American deliverv develop specific training for Indian populations communities American Indian working with tribal children more Policies and legislation are communities likely to live in responsive to needs of poverty, grow up American Indian families in single parent · Grants awarded/program Evaluate satisfaction and families, and be funding is allocated to efficacy of pilot project to ↑# of reports shifted to placed in out-ofshift reports to oral and inoral/in-person home care Structural racism is person methodology. presentations Shift power and policies to addressed Develop RFP processes that ↑# of RFPs that address structural racism demonstrate knowledge of demonstrate a knowledge of American Indian American Indian communities and their Community norms and values

# **Appendix H: Minnesota Mental Well-Being Logic Model**

Where we are now... What we plan to do... What we want to achieve... Strategies Activities **Impact** Outcomes · Shared vision across state Establish Minnesota partners on community Community Learning • 41.4% of children resilience process. Resilience Cohort (CLRC). • Comprehensive community ages 6-17 were Help communities build Develop outreach plan for reported by inventory that informs local capacity and resilience MN Thrives tool. parents to be and state efforts. • Build support for expanding flourishing. Expanded awareness and community-based well-Isolation and funding for communitybeing models. Individuals, families, loneliness is based well-being initiatives. communities, and rampant and increasing given organizations implementing COVID-19. mental well-being practices ↑ in messaging and Expand understanding of Communities are and policies key research and current effectiveness for different looking for tools Situation audiences. strategies. and support to Improved social Implement a public health Partner on sharing trauma- ↑ public knowledge about address trauma connectedness and emotional and promote wellcommunications campaign on informed toolkit and strategies to support skills, positive identity and mental well-being across the being. training modules. mental well-being. other mental well-being Identify opportunities to ↑ public support and Dominant lifespan components narrative about develop and implement demand for mental health mental health formal marketing promotion tools, resources, Reduced disparities across continues to drive campaigns. and strategies. race and LGBTQ populations state and local efforts. Families and communities Partner to identify Strategies to have more resources to thrive promote mental • Well-being policy agenda legislative priorities to well-being are not support well-being. ↑ # external organization adequately Include recommendations advocacy for mental well-Advocate for legislative reflected in in the 2021 State Mental being and community policies that promote for policies, systems Health Advisory Council resilience. mental well-being for or structures ↑ # of communities and Report. everyone Help identify local policies organizations that SHIP grantees can implementing identified work toward that support well-being policies. mental well-being.

# **Appendix I: Minnesota Parent and Caregiver Support Logic Model**

